

AlaFile E-Notice

31-CV-2019-900853.00

To: LIBERTY LIFE ASSURANCE CO. OF BOSTON 150 S. PERRY STREET MONTGOMERY, AL, 36104

NOTICE OF ELECTRONIC FILING

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

ROBERT GILREATH V. LIBERTY LIFE ASSURANCE CO. OF BOSTON 31-CV-2019-900853.00

The following complaint was FILED on 10/22/2019 2:08:29 PM

Notice Date: 10/22/2019 2:08:29 PM

CASSANDRA JOHNSON CIRCUIT COURT CLERK ETOWAH COUNTY, ALABAMA 801 FORREST AVENUE SUITE 202 GADSDEN, AL, 35901

256-549-2150

EXHIBIT

State of Alabama
Unified Judicial System
Form C-34 Rev 4/2017

SUMMONS - CIVIL -

Court Case Number 31-CV-2019-900853.00

Form C-34 Rev. 4/2017	- CIVIL -		0.00.2010.000000.00				
	IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA						
ROBERT GILREATH V. LIBERTY LIFE ASSURANCE CO. OF BOSTON							
NOTICE TO: LIBERTY LIFE ASSURANCE CO. OF BOSTON, 150 S. PERRY STREET, MONTGOMERY, AL 36104							
	(Name ar	nd Address of Defendar	nt)				
THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OF OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S), MYRON KAY ALLENSTEIN							
	[Name(s) of A	ttorney(s)]	-				
WHOSE ADDRESS(ES) IS/A	RE: 141 S. 9TH STREET, GADSDE		·				
		ddress(es) of Plaintiff(s	* * * * *				
OTHER DOCUMENT WERE	MAILED OR DELIVERED WITHIN SERVED ON YOU OR A JUDGME INGS DEMANDED IN THE COMPL	ENT BY DEFAULT M	THIS SUMMONS AND COMPLAINT OR MAY BE RENDERED AGAINST YOU FOR DCUMENT.				
TO ANY SHER	IFF OR ANY PERSON AUTHOI PROCEDURE TO S						
☐ You are hereby comma	nded to serve this Summons and	d a copy of the Cor	mplaint or other document in				
this action upon the abo	ve-named Defendant.						
Service by certified mail	of this Summons is initiated upo	on the written requ	est of ROBERT GILREATH				
pursuant to the Alabama Rules of the Civil Procedure.							
10/22/2019		SSANDRA JOHNS	ON By:				
(Date)	·	(Signature of Clerk)	(Name)				
Certified Mail is hereby requested. /s/ MYRON KAY ALLENSTEIN (Plaintiff's/Attorney's Signature)							
	RETURN ON	I SERVICE					
Return receipt of certifie	ed mail received in this office on						
			(Date)				
I certify that I personally	delivered a copy of this Summo	ns and Complaint	or other document to				
	in		County,				
(Name of Pe	rson Served)	(N	ame of County)				
Alabama on	<u> </u>						
	(Date)						
			(Address of Server)				
(Type of Process Server)	(Server's Signature)						
	(Server's Printed Name)	<u> </u>	(Phone Number of Server)				
	(correr er mines manne)		(i. Melle Manaer or Corvery				

Case 4:19-cv-01889-CLM Document 1-1 Filed 11/20/10 Ge 30/22/2019 2:08 PM

State of Alabama
Unified Judicial System

COVER SHEET CIRCUIT COURT - CIVIL CASE

Ca: 31

31-CV-2019-900853.00 CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA CASSANDRA JOHNSON, CLERK

Form ARCiv-93	Rev. 9/18	(Not For Domestic Relations Cases)		Date of Hiling: 10/22/2019	Judge Code:		
		GEN	NERAL INFORMATION	N			
IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA ROBERT GILREATH v. LIBERTY LIFE ASSURANCE CO. OF BOSTON							
First Plaintiff:	Business Government	☑ Individual ☐ Other	First Defendant:		dividual her		
NATURE OF	SUIT: Select prim	nary cause of action	, by checking box (check only	one) that best characteriz	zes your action:		
TONG - N TOMV - N TOWA - W TOPL - Pr TOMM - M TOLM - M TOOM - M TOOX - Of TORTS: PERSO TORE - Ro OTHER CIVIL F ABAN - AG ACCT - AG	Vrongful Death legligence: Genera legligence: Motor V Vantonness roduct Liability/AEI Malpractice-Medica Malpractice-Legal Malpractice-Other raud/Bad Faith/Mis other: CONAL INJURY lersonal Property leal Properly	Vehicle MLD al srepresentation obile gage ncy Appeal	Enforcement of CVRT - Civil Rights COND - Condemnation CTMP - Contempt of O CONT - Contract/Eject TOCN - Conversion EQND - Equity Non-Dong Injunction Election CVUD - Eviction Appet FORJ - Foreign Judgn FORF - Fruits of Crimon MSHC - Habeas Corp PFAB - Protection Fro EPFA - Elder Protection FELA - Railroad/Seam RPRO - Real Property	ertificate Modification/Bor of Agency Subpoena/Petion/Eminent Domain/Right-Court trent/Writ of Seizure amages Actions/Declaratection Contest/Quiet Title/Seal/Unlawful Detainer ment e Forfeiture aus/Extraordinary Writ/Matem Abuse on From Abu	ory Judgment/ Sale For Division		
ANPS - Adults in Need of Protective Services							
ORIGIN: F	✓ INITIAL FILIN	G	A APPEAL FROM DISTRICT COURT	r • • • • •	OTHER		
R REMANDED T TRANSFERRED FROM OTHER CIRCUIT COURT							
HAS JURY TRI	IAL BEEN DEMAI	NDED? YES	IVINO "	g "Yes" does not constitute a Rules 38 and 39, Ala.R.Civ.P,			
RELIEF REQUESTED: MONETARY AWARD REQUESTED NO MONETARY AWARD REQUESTED							
ALL010		10/22 Date	2/2019 2:08:31 PM		AY ALLENSTEIN y/Party filing this form		
MEDIATION REQUESTED: □YES ☑NO □UNDECIDED							
Election to Proceed under the Alabama Rules for Expedited Civil Actions: ☐YES ☑NO							

Case 4:19-cv-01889-CLM Document 1-1 Filed 11/20/1 ge 40020019 2:08 PM 31-CV-2019-900853.00 CIRCUIT COURT OF

ETOWAH COUNTY, ALABAMA CASSANDRA JOHNSON, CLERK

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

ROBERT GILREATH,	*		
·	*		
Plaintiff,	*		
•	*		
V.	*	Case Number:	
	*		
LIBERTY LIFE ASSURANCE COMPANY	*		
OF BOSTON,	*		
	*		
Defendant	*		

COMPLAINT

ERISA Benefits

- 1. Plaintiff, age 59, is a 30 year disabled former employee of Vulcraft.
- 2. Vulcraft was Plaintiff's employer. Liberty Life Assurance Company of Boston administers Plaintiff's LTD Plan.
 - 3. Plaintiff suffered a severe dizzy spell which subsequently resulted in a fall.
- 4. Plaintiff suffers from black out spells which last from 10 minutes to 8 hours. Plaintiff is disabled due to dizziness, vertigo, Meniere's disease, and atrial fibrillation.
 - 5. Plaintiff has long term disability policies through Defendant.
- 6. Plaintiff applied for long term disability benefits which he drew from 6/5/16 until 12/14/16. Benefits were wrongly terminated.
 - 7. Plaintiff has exhausted all administrative remedies.
- 8. Plaintiff was awarded SSDI benefits by a Fully Favorable decision dated 5/13/19 with a disability onset of 5/31/16. (attached) Defendant was provided a copy of decision.
 - 9. This claim is filed pursuant to 29 U.S.C. §1132.

WHEREFORE, Plaintiff prays for appropriate relief, attorney fees and costs which are less than \$50,000.

MYRON K. ALLENSTEIN (ALL016) ROSE MARIE ALLENSTEIN (ALL060)

ALLENSTEIN & ALLENSTEIN, LLC
Attorneys for Plaintiff
141 South 9th Street
Gadsden, AL 35901

(256) 546-6314

(256) 547-7648 (fax) myron@allenstein.com

rose@allenstein.com



Ma

Office of Hearings Operations 1st Floor 1200 Rev. Abraham Woods, Jr. Blvd. Birmingham, AL 35285-8152

Date: May 13, 2019

Robert Dearon Gilreath 6612 Gault Ave. North Fort Payne, AL 35967

Notice of Decision - Fully Favorable

I carefully reviewed the facts of your case and made the enclosed fully favorable decision. Please read this notice and my decision.

Another office will process my decision. That office may ask you for more information. If you do not hear anything within 60 days of the date of this notice, please contact your local office. The contact information for your local office is at the end of this notice.

If You Disagree With My Decision

If you disagree with my decision, you may file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal you or your representative must ask in writing that the Appeals Council review my decision. You may use our Request for Review form (HA-520) or write a letter. The form is available at www.socialsecurity.gov. Please put the Social Security number shown above on any appeal you file. If you need help, you may file in person at any Social Security or hearing office.

Please send your request to:

Appeals Council 5107 Leesburg Pike Falls Church, VA 22041-3255

Time Limit To File An Appeal

You must file your written appeal within 60 days of the date you get this notice. The Appeals Council assumes you got this notice 5 days after the date of the notice unless you show you did not get it within the 5-day period.

Form HA-L76 (03-2010)

Suspect Social Security Fraud?
Please visit http://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

The Appeals Council will dismiss a late request unless you show you had a good reason for not filing it on time.

What Else You May Send Us

You or your representative may send us a written statement about your case. You may also send us new evidence. You should send your written statement and any new evidence with your appeal may help us review your case sooner.

How An Appeal Works

The Appeals Council will consider your entire case. It will consider all of my decision, even the parts with which you agree. Review can make any part of my decision more or less favorable or unfavorable to you. The rules the Appeals Council uses are in the Code of Federal Regulations, Title 20, Chapter III, Part 404 (Subpart J).

The Appeals Council may:

- Deny your appeal,
- Return your case to me or another administrative law judge for a new decision,
- Issue its own decision, or
- Dísmiss your case.

The Appeals Council will send you a notice telling you what it decides to do. If the Appeals Council denies your appeal, my decision will become the final decision.

The Appeals Council May Review My Decision On Its Own

The Appeals Council may review my decision even if you do not appeal. They may decide to review my decision within 60 days after the date of the decision. The Appeals Council will mail you a notice of review if they decide to review my decision.

When There Is No Appeals Council Review

If you do not appeal and the Appeals Council does not review my decision on its own, my decision will become final. A final decision can be changed only under special circumstances. You will not have the right to Federal court review.

If You Have Any Questions

We invite you to visit our website located at www.socialsecurity.gov to find answers to general questions about social security. You may also call (800) 772-1213 with questions. If you are deaf or hard of hearing, please use our TTY number (800) 325-0778.



Robert Dearon Gilreath

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If you have any other questions, please call, write, or visit any Social Security office. Please have this notice and decision with you. The telephone number of the local office that serves your area is (877)316-4418. Its address is:

Social Security Administration 204 Enterprise Drive Gadsden, AL 35904-8307

> Clarence Guthrie Administrative Law Judge

Enclosures: Form HA-L15 (Fee Agreement Approval) Decision Rationale

co: Patrick H. Tate
P.O. Box 680593
Fort Payne, AL 35968